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PLACE OF BIRTH ARIZON		A STATE BOA	RD OF HEALTH
-		ITAL STATISTICS	State Index No. 164
Town of Many ORIGINAL CERTIF		FICATE OF BIRTH	County Registrar No.
er	No./39/	Grover Can	Local Registrar No. Ward
City of	(If birth occurred in a	nospital or institution, give i	ts NAME instead of street and number)
2. Full name of child Sluce	riana Some) If child is not yet named, make supplemental report, as directed.
3. Sex of Child To be answere in event of plus births.	& UNLI		Date of birth Flb. 21-1927. Month day year
s. FATI		14.	MOTHER
Full name Ramon	Lonez	Full maiden name	nniga de Tena
9. Residence (Usual place of abode)	niami?	15. Residence (Usual place of a	bode) Miami
If nonresident, give place and	state arizona.	If nonresident, give p	lace and state Urigona-
10. Color or race	0	16. Color or race	2
Met., 11. AE	e at last birthdayQ3(Years	mey.	17. Age at last birthday (2 0 (Years)
12. Birthplace (city or place) Juanaguato 18. Birthplace (city or place) Jaliaco			
(State or country)	mex.	(State or country)	1 mex
13. Occupation		19. Occupation	
Nature of industry Laborer Nature of industry Housewife			
20. Number of children of this mether (a) Born alive and now living (2). Were precautions taken against ophilars as of time of birth of child hercin (b) Born alive but now dead thalmin neonatorum? (Caken as of time of birth of child hercin (c) Born alive but now dead thalmin neonatorum?			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 30			
I hereby certify that I attended the birth of this child, who was (Born alive or stillborn.)			
owhen there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth. Given name added from a supplemental report. The supplemental report Filed MCA 1, 19.2.7.			
Month, day, year. Fijed			
Registrar.	Fieu .		County Registrar,
	2	79-221	-431
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